

## Maintain Service Types Key

**Service Information**

Service Type:  (#1)    Code: (#2)    County: (#3)

Service Specifics

Licensing and Training

**Service Type Specifics**

☐ Case Required (#4)  
☐ Title XIX Possible (#5)  
☐ 1099 Eligible (#6)  
☐ In Home Service (#7)  
☐ Override PA rule (#8)

Service Group:  (#9)

Service Category:  (#10)

Age Range:  (#11)

Title IV-E Eligibility:  (#12)

**Payments**

☐ Payments Allowed (#13)  
☐ Ongoing Service/Placement (#14)  
☐ Amount Auto Calculated (#15)  
☐ Service Spans Multiple Days (#16)  
☐ Rate by Child Allowed (#17)  
☐ Non-System-Disbursed Payment (#18)  
☐ CCI Payment (#19)  
☐ Full Month (#20)  
☐ Advance (#21)  
☐ Negative Payment Allowed (#22)

Client Unit Type:  (#23)

Approval Level Required: (#24)

Date Last Paid: (#25)

**Accounting Information**

Reporting Category:  (#26)

Statewide Reporting Group:  (#27)

**Rate Type** (#28)  
☐ By Service    ☐ By Provider

**Spending Limit** (#29)  
 Type:     Period:     Amount:

Approval Level for Override:

Elem. #	Element Name	Description
#1.	Service Type	This field displays your service type long description name. The name can be edited on this page. The change will be reflected on the Placements and Services Page
#2.	Code	System derived. When creating a new Service Type one must select the "Srcv Code" button on the Create Service Type Page to generate this number.
#3.	County	Populates based off of the county of the worker logged in.
#4.	Case Required	Indicates whether or not a case is required when documenting payments for service.
#5.	Title XIX Possible	Indicates whether or not the specific service is Title XIX eligible. This checkbox should be checked if you are creating a RCC type service.

#6.	1099 Eligible	Do payments for this service need to be included on an eWiSACWIS generated 1099-tax report?
#7.	In Home Service	If the service type being created/maintained is to be used as an In-Home Service this check box must be selected. The rules governing Out of Home placement services will not be enforced. For example, unlike an Out-of-home placement, one can document In-Home services that overlap service dates. One can have multiple services documented. In Home services do not drive IV-E or KIDS referrals.
#8.	Override PA Rule	Selecting this check-box forces the system to override normal parent agency rules for any payments related to this service. The Parent Agency Rule logic is written such that if the Parent Agency is "not-for-profit" the entire check goes to the agency (they in turn mail the home provider their check). If the Parent Agency is "for profit" then the check is split with the Administrative portion going to the Parent Agency and the basic, supplemental and/or exceptional going directly to the home provider.
#9.	Service Group	Choose the most applicable value. Service Groups can only be added by the State's eWiSACWIS program staff and only if there is a compelling business reason.
#10.	Service Category	<p>Select the Service Category that best fits the Service type you are working with. Please note that it is important to choose a Service Category with the same "In-home" or "Out-of-Home" characteristic as your Service Type. This trait is not viewable online, however it is generally easy to discern by the naming convention of the Service Category (for example, Wrap – In Home).</p> <p>If you are unsure of the Service Category's In-Home or Out-of-Home trait then please contact the help desk.</p> <p>If you need to have a Service Category created you can call the help desk and they will create a new Service Category for you.</p>
#11.	Age Range	This documents the age range that the service type covers if applicable. If there is not an age restriction then select "None".
#12.	Title IV-E Eligibility	<p>This tells the application how to handle this service type when it comes to IV-E claiming. If you are unsure how to answer this question then please contact Cindy Schultz from the Bureau of Fiscal Services.</p> <p>Tele. 608.266.7295</p>
#13.	Payments Allowed	If checked, the system will generate payments related to this service. If

		left unchecked, this service will be non-paid.
#14.	Ongoing Service/Placement	<p>If checked, and "Payments Allowed" is checked, then this service will be handled as an “ongoing” paid service.</p> <p>If checked, but Payments Allowed is unchecked, this service will be an unpaid, ongoing service.</p> <p>If left unchecked, and Payments Allowed is checked, the application considers this to be a “One-time Payment” type of service.</p>
#15.	Amount Auto Calculated	This selection is automatically made when one selects the “Ongoing Service/Placement” option. If checked, the system will automatically ‘do the math’ for placement payments.
#16.	Service Span Multiple Days	This selection is automatically made when one selects the “Ongoing Service/Placement” option. It tells the application that the service you are working with will span multiple days. More importantly, leaving this unchecked (as in the case of a One-time payment) will tell the application that the service is for one day only.
#17.	Rate by child Allowed	Is the rate for the service sometimes child specific? For example, in documenting a child that is placed out-of-state where their service rate does not match Wisconsin. Or, in instances of Adoption Assistance, where the rate is established per child.
#18.	Non-System Disbursed Payment:	Checking this box tells the application that you want a payment record generated and you <u>do not</u> want the payment to be sent for check processing. This check box is specifically used to create the YES/FPI/WRAP services that document the actual cost of care for a child in one of these programs.
#19.	CCI Payment	<p>Checking this box tells the application to address this payment using the Episode Driven batch. The Episode Driven batch creates a zero dollar payment request where a fiscal worker must then enter the number of units that correspond to the number of days of service provided. The units entered are multiplied by the established service rate.</p> <p>Leaving this unchecked means that the payments will be processed by the Calculate-Ongoing batch.</p>
#20.	Full Month	Checking this box means that the service will not be pro-rated. In other words, the amount will be fixed every month regardless of service period. If it is unchecked then the system will pro-rate based upon a standard month of 30.416. The check box is most commonly used in Kinship Service Types.

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#21.	Advanced	Is the service paying for the prior month's services or the upcoming month's service. If this is checked then payments are created in advance of the service being provided. If unchecked then payments are made for the service provided in the prior month.
#22.	Negative Payment Allowed	If checked this allows a user to create negative one-time payments. This is important if documentation of overpayments is necessary for the given service.
#23.	Client Unit Type	If the Service Type is Episode Driven (i.e. If the CCI Payment check box is checked) then the user must tell the application whether the number of units being entered onto the zero dollar payment request correspond to a daily, or hourly unit. If the user selects None then the payment request page will automatically assume a full month at the daily rate and auto-calculate the payment without user input.
#24.	Approval Level Required	If the service is a one time payment where the Service Group "One Time Payments" is selected, then the user must select a job class from this drop down that corresponds to the job class of a user that will provide the final approval for this service. For example, if the county wants to allow only workers with the same job class as the program manager or higher to provide the final approval for all clothing allowances then they would choose the job class of Program Manager from the drop down.
#25.	Date Last Paid	System derived, identifying the last date that this service type generated a payment.
#26.	Reporting Category	If the county is a manual county then they can choose Reporting Category 8 for all service types. If the county is an automated county (having an operational financial interface) then they will need to cross reference a reporting category with each individual account on the county side. It is the responsibility of the county to maintain this cross-reference table and to update it accordingly. The first seven values, which display text names, are reserved specifically for Milwaukee and/or State use only.
#27.	Statewide Reporting Group	The purpose of this drop down is to tie together all similar service types across the state even though naming conventions may differ between counties.

#28.	Rate Type	<p>The selection of “By Service” indicates that any provider having this active service will share the rate established for the service. If the selection “By Provider” is made then each provider holding that active service can have a rate specific to that provider. It is important to note that this selection cannot be changed at a later date. Once selected and saved the characteristic will hold for that service. If the need arises to change rate types a new service type will need to be created.</p> <p>If the rate is chosen to be “By Service” then the Rate button in the lower right corner of the page will be enabled. Clicking this will take the user to a historical listing of rates for the service. This is also where the user will insert any new rates. If the rate is “By Provider” then the rate will be updated via the Provider Maintenance record, under the Options drop down by selecting the Provider Service Rate option.</p>
#29.	Spending Limit	<p>Indicates if there is a spending limit for the service. If there is a spending limit, it must be designated as child based or provider based. In addition, the period that the spending limit covers, and the total amount of the spending limit, must be selected.</p> <p>The Approval Level for Override drop down works similar to the Approval Level Required drop down. One must identify a Job Class level that the county wishes to have the ability to override the spending limit.</p>

## Licensing and Training

Service Information

Service Type: 
Code: 
County:

Service Specifics
Licensing and Training

License Information

License Type Required:

(#1)

Service Automatically Enabled By:

(#2)

☐ Parent Organization Requires License (#3)

Training Type Required (#4)

Add/Edit


Save
Close

Elem. #	Element Name	Description
#1.	License Type Required	Displays the required license type that providers must have before the service can be activated.
#2.	Service Automatically Enabled By	Displays the license type that automatically adds and activates the selected service type to the provider's record.
#3.	Parent Organization Requires License	<i>Disabled</i> ; Indicates whether or not a parent organization license is required for a specific service type; user selected checkbox. Wisconsin does not require a Parent Organization to be licensed for a Provider to be licensed for specific service types.
#4.	Training Type Required	<i>Disabled</i> ; Displays the required training that providers must attend before a service can be activated; populated by the training courses selected on the Training Type page. Wisconsin does not require documentation of Training for licensure in eWiSACWIS.

## Sample Services

Provided below are samples of how some of the standard services are set up. Please note that your Reporting Category, and Approval Levels will be set up specific to your county's needs.

### Foster Home General Service

Service Information		
Service Type:	Foster Home - Gen. License 0-4 years old	County: 
<div>Service Specifics    Licensing and Training</div>		
<b>Service Type Specifics</b> <input checked="" type="checkbox"/> Case Required <input type="checkbox"/> Title XIX Possible <input type="checkbox"/> 1099 Eligible <input type="checkbox"/> In Home Service <input type="checkbox"/> Override PA rule Service Group: Out-of-Home Care Services Service Category: Foster Home - General License Age Range: Ages 0-4 Title IV-E Eligibility: Title IV-E(Regular)	<b>Payments</b> <input checked="" type="checkbox"/> Payments Allowed <input checked="" type="checkbox"/> Ongoing Service/Placement <input checked="" type="checkbox"/> Amount Auto Calculated <input checked="" type="checkbox"/> Service Spans Multiple Days <input type="checkbox"/> Rate by Child Allowed <input type="checkbox"/> Non-System-Disbursed Payment <input type="checkbox"/> CCI Payment <input type="checkbox"/> Full Month <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Negative Payment Allowed Client Unit Type: None Approval Level Required: <div></div> Date Last Paid: 10/01/2004	<b>Accounting Information</b> Reporting Category: Reporting Category B <b>Statewide Reporting Group</b> Foster Home-Gen License 0-4 years old <b>Rate Type</b> <input checked="" type="radio"/> By Service <input type="radio"/> By Provider <b>Spending Limit</b> Type: Child Based    Period: Monthly    Amount: \$2,000.00 Approval Level for Override: <div></div> <div>Rate</div>

Save    Close



## RCC Service

Service Information		
Service Type:	<input type="text" value="RCC - CHPS"/>	Code: <input type="text" value="5"/>
		County: <input type="text" value="San Diego"/>

Service Specifics	Licensing and Training	
<b>Service Type Specifics</b> <input checked="" type="checkbox"/> Case Required <input type="checkbox"/> Title XIX Possible <input type="checkbox"/> 1099 Eligible <input type="checkbox"/> In Home Service <input type="checkbox"/> Override PA rule Service Group: <input type="text" value="Out-of-Home Care Services"/> Service Category: <input type="text" value="RCC"/> Age Range: <input type="text" value="None"/> Title IV-E Eligibility: <input type="text" value="Title IV-E(Regular)"/>	<b>Payments</b> <input checked="" type="checkbox"/> Payments Allowed <input checked="" type="checkbox"/> Ongoing Service/Placement <input checked="" type="checkbox"/> Amount Auto Calculated <input checked="" type="checkbox"/> Service Spans Multiple Days <input type="checkbox"/> Rate by Child Allowed <input type="checkbox"/> Non-System-Disbursed Payment <input checked="" type="checkbox"/> CCI Payment <input type="checkbox"/> Full Month <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Negative Payment Allowed Client Unit Type: <input type="text" value="Daily"/> Approval Level Required: <input type="text"/> Date Last Paid: 10/14/2004	<b>Accounting Information</b> Reporting Category: <input type="text" value="Reporting Category 8"/> <b>Statewide Reporting Group</b> <input type="text" value="RCC - CHPS"/> <b>Rate Type</b> <input checked="" type="radio"/> By Service <input checked="" type="radio"/> By Provider <b>Spending Limit</b> Type: <input type="text" value="N/A"/> Period: <input type="text"/> Amount: <input type="text" value="\$0.00"/> Approval Level for Override: <input type="text"/> <input type="button" value="Rate"/>

<input type="button" value="Save"/>	<input type="button" value="Close"/>
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## Non System Disbursed Service

Service Information		
Service Type:	FPI FH Contracted 0-4	County:
<div>Service Specifics    Licensing and Training</div>		
<b>Service Type Specifics</b> <input checked="" type="checkbox"/> Case Required <input type="checkbox"/> Title XIX Possible <input type="checkbox"/> 1099 Eligible <input type="checkbox"/> In Home Service <input type="checkbox"/> Override PA rule Service Group: Out-of-Home Care Services Service Category: FPI Foster Home - Contracted Age Range: Ages 0-4 Title IV-E Eligibility: Title IV-E(Regular)	<b>Payments</b> <input checked="" type="checkbox"/> Payments Allowed <input checked="" type="checkbox"/> Ongoing Service/Placement <input checked="" type="checkbox"/> Amount Auto Calculated <input checked="" type="checkbox"/> Service Spans Multiple Days <input type="checkbox"/> Rate by Child Allowed <input checked="" type="checkbox"/> Non-System-Disbursed Payment <input type="checkbox"/> CCI Payment <input type="checkbox"/> Full Month <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Negative Payment Allowed Client Unit Type: None Approval Level Required: Date Last Paid: 00/00/0000	<b>Accounting Information</b> Reporting Category: Reporting Category 16 <b>Statewide Reporting Group</b> Wrap FH Contracted 0-4 <b>Rate Type</b> <input checked="" type="radio"/> By Service <input type="radio"/> By Provider <b>Spending Limit</b> Type: Child Based    Period: Monthly    Amount: \$2,000.00 Approval Level for Override: Accounting 1 <div>Rate</div>

Save    Close

## FPI/YES/Wrap In-Home Service

Service Information		
Service Type:	<input type="text" value="FPI In Home"/>	Code: <input type="text" value=""/>
		County: <input type="text" value=""/>

Service Specifics	Licensing and Training	
<b>Service Type Specifics</b> <input checked="" type="checkbox"/> Case Required <input type="checkbox"/> Title XIX Possible <input type="checkbox"/> 1099 Eligible <input checked="" type="checkbox"/> In Home Service <input type="checkbox"/> Override PA rule Service Group: <input type="text" value="Out-of-Home Care Services"/> Service Category: <input type="text" value="FPI In Home"/> Age Range: <input type="text" value="None"/> Title IV-E Eligibility: <input type="text" value="Exclude from Claiming"/>	<b>Payments</b> <input checked="" type="checkbox"/> Payments Allowed <input checked="" type="checkbox"/> Ongoing Service/Placement <input checked="" type="checkbox"/> Amount Auto Calculated <input checked="" type="checkbox"/> Service Spans Multiple Days <input checked="" type="checkbox"/> Rate by Child Allowed <input type="checkbox"/> Non-System-Disbursed Payment <input type="checkbox"/> CCI Payment <input type="checkbox"/> Full Month <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Negative Payment Allowed Client Unit Type: <input type="text" value="None"/> Approval Level Required: <input type="text" value=""/> Date Last Paid: 10/01/2004	<b>Accounting Information</b> Reporting Category: <input type="text" value="Reporting Category 18"/> <b>Statewide Reporting Group</b> <input type="text" value="Wrap In Home"/> <b>Rate Type</b> <input checked="" type="radio"/> By Service <input type="radio"/> By Provider <b>Spending Limit</b> Type: <input type="text" value="N/A"/> Period: <input type="text" value="Monthly"/> Amount: <input type="text" value="\$0.00"/> Approval Level for Override: <input type="text" value=""/> <div><input type="button" value="Rate"/></div>

## Respite Non-Pay Service

### Service Information

Service Type: **Respite Care Non Pay**

Code:

County:

### Service Specifics

### Licensing and Training

#### Service Type Specifics

- ☒ Case Required
- ☐ Title XIX Possible
- ☐ 1099 Eligible
- ☒ In Home Service
- ☐ Override PA rule

Service Group:

Child Care Services

Service Category:

Respite Care

Age Range:

None

Title IV-E Eligibility:

Non-Title IV-E

#### Payments

- ☐ Payments Allowed
- ☒ Ongoing Service/Placement
- ☒ Amount Auto Calculated
- ☒ Service Spans Multiple Days
- ☐ Rate by Child Allowed
- ☐ Non-System-Disbursed Payment
- ☐ CCI Payment
- ☐ Full Month
- ☐ Advance
- ☐ Negative Payment Allowed

Client Unit Type:

No data found

Approval Level Required:

Date Last Paid: 00/00/0000

#### Accounting Information

Reporting Category:

#### Statewide Reporting Group

Respite child care center

#### Rate Type

☒ By Service

☐ By Provider

#### Spending Limit

Type:

Period:

Amount:

\$0.00

Approval Level for Override:


Rate

Save

Close



## Secure Detention Non-Pay Service

Service Information		
Service Type:	Secure Detention - NonPay	County: 
<div>Service Specifics    Licensing and Training</div>		
<b>Service Type Specifics</b> <input checked="" type="checkbox"/> Case Required <input type="checkbox"/> Title XIX Possible <input type="checkbox"/> 1099 Eligible <input checked="" type="checkbox"/> In Home Service <input type="checkbox"/> Override PA rule Service Group: Juvenile Justice Service Category: Juvenile Justice Programs Age Range: None Title IV-E Eligibility: Non-Title IV-E	<b>Payments</b> <input type="checkbox"/> Payments Allowed <input checked="" type="checkbox"/> Ongoing Service/Placement <input checked="" type="checkbox"/> Amount Auto Calculated <input checked="" type="checkbox"/> Service Spans Multiple Days <input type="checkbox"/> Rate by Child Allowed <input type="checkbox"/> Non-System-Disbursed Payment <input type="checkbox"/> CCI Payment <input type="checkbox"/> Full Month <input type="checkbox"/> Advance <input type="checkbox"/> Negative Payment Allowed Client Unit Type: None Approval Level Required:  Date Last Paid: 00/00/0000	<b>Accounting Information</b> Reporting Category:  <b>Statewide Reporting Group</b> Juvenile Monitoring/Supervision  <b>Rate Type</b> <input checked="" type="radio"/> By Service <input type="radio"/> By Provider  <b>Spending Limit</b> Type: N/A    Period: Monthly    Amount: \$0.00 Approval Level for Override:  <div>Rate</div>

Save    Close